

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morhart
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 26 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000001862 (1)**

1. Corporation Name

**ASSOCIATION OF DEMAND-SIDE MANAGEMENT PROFESSION
ALS, INC.**

Principal Place of Business

SUITE #2315
7040 W. PALMETTO PARK ROAD
BOCA RATON FL 33433

Mailing Address

SUITE #2315
7040 W. PALMETTO PARK ROAD
BOCA RATON FL 33433

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
04/12/1994

3a. Date of Last Report

4. FEI Number
33-0369768

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**BOARDMAN, ELLIOT B
5549 COASTAL DRIVE
BOCA RATON FL 33487**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P**
NAME **VIOLETTE, DAN**
STREET ADDRESS **2355 HILLSDALE WAY**
CITY-ST-ZIP **BOULDER CO 80303**

TITLE **V**
NAME **FERGUSON, BILL**
STREET ADDRESS **116 HALLOWEEN RUN**
CITY-ST-ZIP **NEWARK DE 19702**

TITLE **S**
NAME **HICKS, ELIZABETH**
STREET ADDRESS **123 REED STREET**
CITY-ST-ZIP **CAMBRIDGE MA 02140**

TITLE **T**
NAME **CALHOUN, ROBIN**
STREET ADDRESS **79 SCOTT STREET**
CITY-ST-ZIP **SAN FRANCISCO CA 94117**

TITLE **D**
NAME **BOARDMAN, ELLIOT B**
STREET ADDRESS **5549 COASTAL DRIVE**
CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME **S JANE FINLEON**
3.3 STREET ADDRESS **831 PEARL ST.**
3.4 CITY-ST-ZIP **BOULDER, CO 80301**

4.1 TITLE Change Addition
4.2 NAME **T MARIA BROWN**
4.3 STREET ADDRESS **300 N. LONG HILL**
4.4 CITY-ST-ZIP **SAN DIMAS, CA 91773**

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Elliot B. Boardman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ELLIOT B. BOARDMAN

4/20/95
Date

407 361-0023
Telephone No.